LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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EDITORS.

THE LISTERIAN METHOD IN OVARIOTOMY.

A hot and acrid discussion is now in progress in England between Mr. Lawson Tait, the well-known ovariotomist, and Mr. Knowsley Thornton, a surgeon of large and growing fame in the same line of work, concerning Listerism. In the Med. Times and Gazette of July 24th Mr. Tait claims to have had an average of but two deaths in sixty ovariotomies performed without the carbolic-acid spray. He speaks of patients "killed by Listerism," and declares that the recent reduction of the death-rate in this operation is largely, if not entirely, due to the introduction of Mr. Keith's intra-peritoneal method. Mr. Tait shows Mr. Thornton has erred in his calculation of Mr. Tait's mortality tables, and charges him with lack of candor, courtesy, and fairness. Furthermore, he objects to Mr. Thornton's insinuation that he has omitted with a purpose to mention the adhesions, weights of tumors, and dates of operations, and emphatically denies that he "uses while he abuses" Listerism, as Mr. Thornton charges.

As to Mr. Thornton's claim that he is the pioneer in the use of the Listerian method in ovariotomy, Mr. Tait tells Mr. Thornton that "it was used here (Birmingham) years before he ever performed an operation at all," and in conclusion makes the following strong point on septic transportation:

> Mr. Thornton seems to think it a joke that I have compared the tapping of an ovarian tumor to the use of the hypodermic needle. Of course it was a joke, and the most amusing part of it is that Mr. Thornton fails to see the point of it. If the germs are carried in by the trocar they can be carried in by the needle, and *they are so carried in, but in neither case do any harm.*

The editors of this journal are entirely in accord with Mr. Tait on this important question. The majority of the profession throughout the world follows Lister; but we believe the majority of the profession in this instance, as in many others which medical history records, is wrong. In republics the power is with the majority; but scarcely more in science than in religion and politics do truth and right necessarily dwell with the largest number. The majority in medicine once bled all fever-patients with as little compunction as the maple-sugar makers tap their trees in the spring, and with equal confidence in the wisdom of the procedure. The majority in medicine used to regard salivation about as necessary to corporal salvation in serious sickness as the clergy tell us that "conviction and forgiveness of sin" are to the soul's eternal safety. If numbers prove a truth, then the Crusades were wise, Mohammedism is right, and the opponents of Listerism are constructive homicides. Listerism is founded on the germ-theory, and this is based on the microscope and the imagination. The existence of the germs is beyond cavil. They may be found in earth, air, and water, in tissues healthy and diseased, in bodies living and dead; but that they are noxious is very far from being proved. Medical dogmas as plausible and as popular as Listerism have flourished and perished in the past, and we have little doubt that before

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the close of this century Listerites will be as rare as white crows, if not like the dodo, utterly extinct; and when discovered they will be looked on as a curious specimen of the nineteenth century's medical credulity.

BOTANY AND CHEMISTRY.—In an editorial in the British Medical Journal of July 17th, Mr. Ernest Hart thus plainly and flatly tells the brutal truth about this matter. Prof. Balfour, a learned botanist and a gentleman of the old school, is of course out and out for botany and chemistry:

We are afraid Dr. Balfour will find that not only must a gross ignorance of botany be tolerated in the medical profession, but that a considerable ignorance of chemistry must also be put up with. If he pursued his examination of medical men in chemistry a little beyond the constitution of Epsom salts, he would discover that they are frequently utterly unacquainted with the formulæ and reactions of substances which they employ in practice with skill and precision. A thousand medical men prescribe strychnia for one who remembers the formula $C_{21}H_{22}N_2O_2$, and calomel is used with excellent effect daily by scores of practitioners who would be puzzled to describe the mode of preparation of mercurous chloride. It is, of course, desirable that an acquaintance with a certain number of chemical and botanical facts should be required of candidates at an examination in materia medica; but these facts may be acquired during the study of materia medica, and ought not to involve separate courses of study in the sciences from which they are primarily derived: for it seems certain that chemistry could not maintain its place as a branch of medical education, if it had no other connections with medical science and practice than those which it maintains through the materia medica. But the facts of chemistry and of botany, which are properly acquired for examination purposes, drop out of the mind soon afterward without any prejudice to professional sagacity and skill. A few prominent ones, like the constitution of Epsom salts and the characters of the Papaveraceæ, still perhaps cling to memory, but the vast majority fall from it like autumn leaves, not, however, without having made some permanent addition to the stem of knowledge. To insist on the retention of such facts, and to multiply indefinitely the number of them that must be acquired, would be but to impose on the mind irksome and detrimental burdens, and would certainly not facilitate the application of it to the ordinary problems of medical practice.

THE DOCTOR'S STANDING.—"When the outside public can learn to place implicit confidence in a medical man *because* he is a medical man, and when the term becomes a synonym for gentleman and man of integrity, then, and not till then, will the medical profession rank upon a par with its sisters," says the Medical Press and Circular. Then, if that is so, never in this world will medicine get its dues. The day is past when rank or avocation is accepted as the only necessary evidence of gentility and integrity. In America today Medicine ranks equally with her sisters, Law and Theology; but a man being a doctor, a preacher, or a lawyer is by no means received as absolute, irrefragable evidence that he is a "gentleman and a man of integrity." For proof see the court records of England and America.

THE HAMILTON MEDICAL MEN AND THEIR COUNTRY CONFRÈRES.—A "Country Practitioner" complains to the Canada Lancet that the doctors of the town of Hamilton "rush into the country and go six or seven miles for a dollar and a half, minus ten to fourteen cents toll, and attend midwifery cases for four dollars." If these are facts, we can not favor the annexation of the Canadas to the United States.

DR. TANNER'S fast being over, the profession is divided as to the matter: one party do n't believe he fasted at all, and the other knows hundreds of persons who have done the same thing. Meanwhile it has given an excellent chance for the publicists to get in the associated dispatches.

A CONTRAST.—The Lancet says: "At the examinations for the first half of the diploma in surgery of the Royal College of Surgeons, Ireland, over half the candidates were rejected for insufficient answering; while of twenty-four candidates in July for the license in medicine of the College of Physicians in Ireland, all were successful."

Correspondence.

GLYCERIN FOR ACIDITY OF THE STOMACH.

To the Editors of the Louisville Medical News:

In the last issue of the NEWS you copy from the Lancet Dr. Ringer's article upon the use of glycerin in flatulence, acidity, and pyrosis. I desire to add my testimony to its value, so far as regards acidity and flatulence. For this form of indigestion, so common, and for the relief of which so many persons resort to the daily use of soda, glycerin is a remedial agent of no mean value. I have used it for several months with my patients troubled in this way, and in a majority of cases the result has been gratifying.

I had no knowledge of its use for dyspeptic troubles, and was led to the use of it much in the same way as reported by Dr. Ringer. I knew of its property of preventing fermentation, and especially of its use by druggists in preserving their syrups from acidity. I was led to a trial of it upon this principle, and soon became satisfied of its real value. I have always prescribed it in large doses—never less than two teaspoonfuls to a tablespoonful for an adult, to be taken in a wineglass of water immediately after eating. It does no good after fermentation of the food has taken place in the stomach.

It is no specific, no cure-all, but certainly does afford alleviation, if not a cure, in many of these cases, and is worthy of a place among the remedies in use for this very common ill of the flesh.

JOHN A. LEWIS, M.D.

GEORGETOWN, KY., Aug. 6, 1880.

Reviews.

Transactions of the Tenth Annual Session of the Medical Society of Virginia, 1879. Held in Alexandria, October 21, 22, 23, 1879. Part I—commencing Vol. III. Richmond: J. W. Fergusson & Son, printers. 1879.

One hundred and fifty pages of not extraordinary good paper and printing. The contents are up to the average of state society proceedings. The address of the president, Prof. Joynes, is gracefully and pleasantly written, and is brief and scholarly. The address of Dr. Wiley is full of poetry and sentiment. He thus begins his address:

Since the feet of the Son of Man pressed the hills of Judea and the plains of Galilee as the "Healer" of prophecy, the elements of mercy and philanthropy then introduced and so marvelously illustrated in his works have broadened and deepened in the practice of the profession in whose interests we have today assembled. Those sweet and heavenly virtues have been infused into every department of human activity as the result of that divine mission.

The reports of the various sections contain much valuable matter.

The Surgery, Surgical Pathology, and Surgical Anatomy of the Female Pelvic Organs, in a Series of Plates taken from Nature, with Commentaries, Notes, and Cases. By HENRY SAVAGE, M.D., London, Fellow of the Royal College of Surgeons of England, one of the Consulting Medical Officers of the Samaritan Hospital for Women, London. Third edition, revised and greatly extended. Thirty-two plates and twenty-two wood-engravings, with especial illustrations of the operations on Vesico-vaginal Fistula, Ovariotomy, and Perineal Operations. New York: William Wood & Co., 27 Great Jones Street. 1880.

For the teacher, student, and practitioner we know of no better work for the purposes for which it is designed than this is. This edition, the third, is carefully revised, much new matter is added, and it is amply illustrated by handsomely-executed plates. It is one of Wood's excellent library series.

The Practitioner's Reference Book. By RICHARD J. DUNGLISON, A.M., M.D., Editor Dunglison's Medical Dictionary, Secretary of the American Academy of Medicine, etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1880.

This is an old acquaintance of ours. Its suggestive and attractive title and the name of its able author induced us to procure a copy of the first edition soon after its issue from the press. The Practitioner's Reference Book, now in its second edition, has achieved, as it deserves, great success. It should be in the library of every practitioner.

Books and Pamphlets.

QUESTIONS SUBMITTED TO GRADUATING CLASSES OF THE MEDICAL COLLEGE OF OHIO FROM 1871–72 TO THE PRESENT TIME. Cincinnati, 1880.

ON DIVISION OF THE SPHINCTER ANI MUSCLE AS A THERAPEUTIC MEASURE. By Chas. B. Kelsey, M.D., Surgeon to the East-Side Infirmary for Diseases of the Rectum, New York. Reprint from New York Medical Journal, June, 1880.

BULLETIN OF THE TORREY BOTANICAL CLUB. No. 7, Vol. VII, July, 1880.

MINUTES OF THE TWENTY-FOURTH AND TWENTY-FIFTH ANNUAL MEETINGS OF THE STATE MEDICAL SOCIETY OF KENTUCKY, 1879 AND 1880.

A small and poor document.

RULES GOVERNING THE BOARD OF COMMISSIONERS OF PUBLIC CHARITIES OF THE CITY OF LOUISVILLE, KY., ITS APPOINTEES, SUBORDINATE OFFICERS, AND EMPLOYES, AND THE PATIENTS IN THE LOUISVILLE CITY HOSPITAL. 1880.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF STATE OF MARYLAND, Eighty-second Annual Session, held at Baltimore, Md., April, 1880.

A creditable volume of more than two hundred pages.

IN MEMORIAM: Address of Hon. Henry Craft, on presenting the Resolutions of the Memphis Bar upon the Death of Hon. Connally F. Trigg (late United States District Judge for the Districts of Tennessee) to the United States Circuit and District Courts for Western District of Tennessee, July 5, 1880. Printed by the Memphis Bar.

This author expresses this sensible sentiment in his excellent address:

I would not disparage what we call learning in judges. I would not decry the books in which judicial minds have embalmed all sorts of vagaries and absurdities, as well as the most splendid reasoning and the most wonderful analysis. But I do say that the learned judge, in the sense of a judge who is ever exploring the reports for decisions rather than for reasons, and who relies solely upon them, is the most dangerous of all judges. He is not much more wise than a man who would attempt to make his way through a morass at night, trusting to the guidance of the fire-fly's lamp. Technical rules are, in his hands, cast iron one day and ropes of sand the next, according to the inspiration of the particular cases that chances to be operating upon him.

A REPLY TO CRITICISMS ON "THE PROBLEMS OF INSANITY, WITH REMARKS ON THE GOSLING CASE. Delivered before the New York Medico-Legal Society, April 16, 1880. By Geo. M. Beard, A.M., M.D., Member of the New York Medico-Legal Society, Fellow of the New York Academy of Medicine, Vice-president of the American Academy of Medicine, Member of the American Neurological Association, etc.

A very readable pamphlet, but it contains some odd statements. On page 24 he says, "Give one of the negroes of the South a biscuit, and he will allow you to flog him as long as you wish." We have known the negro from our earliest recollection, intimately and thoroughly; in fact we used to own some of him. The watermelon, the 'possum, and the catfish are his favorite foods; but there probably never was a darkey who would have taken a whipping even for these. He does n't mind the penitentiary, but he dreads a thrashing awfully.

Miscellany.

MALARIA.—Extract from a pamphlet by C. H. Lothrop, M.D., Lyons, Iowa. (Reprint from Transactions Iowa State Medical Society.)

As to the fact that malaria may be found to a greater or lesser extent in almost all portions of the globe, and its influence upon the human system in the production and aggravation of disease, I can not do better than to give extracts of a correspondence had with Prof. L. P. Yandell, of Louisville, May, 1879.

For the sixth time since the 18th of December I have suffered from a most horrible attack of what may be called malarial colic, the result of saturation with this poison in the swamps of Missouri, Arkansas, Mississippi, and the Carolinas, while in the Confederate service; and in a week from today I turn my face toward England, hoping that the bad medicine of a sea voyage and a sojourn in the old country may free me from my ill. A dozen years ago a twelve-month in Europe did me great good, and kept me comparatively well for a long time. There is no doubt in my mind that some persons, becoming thoroughly saturated with malarial poison, never get it entirely eradicated from them. As to the case concerning which you ask my opinion, it is not unlikely that malarial poison was the exciting cause of the paralysis, and it may have been the originating cause. Prolonged malarial saturation may produce organic changes, just as do scrofula and syphilis. It certainly is the chief source of disease in the world, producing not only acute but chronic affections. I have seen a number of cases of intermittent paralysis, intermittent synovitis, intermittent amaurosis, some cases of intermittent strabismus, two cases of intermittent insanity, and I might go on increasing the list indefinitely. I have just cured a case of polyidrosis of the hands and feet, in which the perspiration at 4 o'clock daily, and for many hours, dripped in quantities from the extremities, as water drips from your hand when you hold ice in it on a summer's day.

No medical question is of comparable importance to that of malaria to the people of the United States; nay, to the world. It is less virulent and less abundant in some of the older and better drained parts of this country and of Europe than it is in others, but wherever the sun shines and water exists malaria will sometimes be found. It is

almost omnipresent, and for evil it is almost omnipotent. The profession and the public are rapidly coming to a knowledge of it, but most of them have much to learn.

ARTIFICIAL WINE.—The German Government (Med. Times and Gazette) hearing that the wine-growers of Baden, in the face of several successive years of defective vintage, were actually manufacturing an increased quantity of the "finest wines," instituted inquiries which resulted in the discovery that large quantities of spirit have been imported into Baden (not direct, but by circuitous means), to be manufactured, bottled, and sold as the real produce of the German grape. The police have suddenly appeared upon the scene, and the government seal has been affixed to a great number of casks of supposed genuine wine, which are to be tested by the public analyst. One great house, which has hitherto enjoyed public confidence in an unlimited degree, is said to be marked out for prosecution. It appears that this firm has done business to the amount of five hundred thousand marks since the beginning of the present year, and the police are in possession of evidence that it has purchased no less than three hundred thousand marks' worth of foreign spirit in an underhand manner. It is stated that the German vintagers have obtained from Paris a "clever artist," who has proved that it is just as easy to produce chemical hocks as chemical clarets.—*Lancet.*

THE OHIO STATE MEDICAL SOCIETY.—What with a supper at the Insane Asylum, a ride on the lake, an entertainment at a beer-garden, and a reception at the hospital, there was little time left at Cleveland for scientific work of the State Society. This was an extremely fortunate circumstance, indeed, as there was very little scientific work to be done. . . . Nothing was done to feel proud of, and the least said about it, to outsiders at least, the better.—*Recorder.*

MEDICAL STUDENTS IN LONDON.—The following table gives the number of students at each of the London medical schools: St. Bartholomew's eighty-six; Guy's, eighty-one; University College, seventy-one; St. Thomas's, thirty-five; London Hospital, thirty-three; Charing Cross, thirty-two; St. George's, thirty; King's College, twenty-six; St. Mary's, twenty-four; Middlesex, twenty-four; Westminster, nineteen; London Women's School, nine.

SCHOOL PUNISHMENT—NOVEL MODUS OPERANDI.—In spite of the wholesome rule that none but the head teacher should administer punishment, and that after a due interval, and not on the impulse of the moment, when temper often enters into punishment, cases of excessive correction by assistant teachers, in complete disregard of this rule, do still occur, and perhaps in consequence of the rule novel modes of punishment are sought for. The Southwark police magistrate recently ordered an assistant teacher, a young woman at the Farncombe-street Board School, Bermondsey, to enter into her recognizances to keep the peace for twelve months, and pay nine shillings costs, for applying an adhesive plaster across the mouth of a little girl, a scholar, only five years old, "because the child would not cease to talk."—*Med. Times and Gazette.*

PRESENTATION TO DR. NORMAN KERR.—In acknowledgment of the disinterested and devoted services of Dr. Kerr in the cause of temperance, a presentation took place in the rooms of the Medical Society of London on Wednesday last. The testimonial consisted of an illuminated address, portraits of Dr. and Mrs. Kerr, and a handsome carriage and set of harness. Dr. Richardson, F.R.S., was asked to undertake the graceful task of presentation on behalf of the subscribers, among whom were several members of the medical profession. Dr. Kerr, in acknowledging the honor done him, made a most felicitous address, and the proceedings throughout were of the most cordial character.—*Med. Press and Circular.*

HARVESTERS' DRINK.—Considerable success has attended experiments made by employers to substitute some refreshing non-intoxicating drinks instead of beer during harvest-work. It may be opportune at the present time to take notice that weak infusions of cold tea made up with milk and sugar have been found very acceptable. The women have much appreciated the change, the work has been found to be better done, and more money saved than formerly by them. In Scotland the harvesters' liquor is buttermilk; and in other places a weak gruel of oat meal and water, kept in a cool place, has been keenly taken as a refreshing and palatable drink.—*Med. Times and Gazette.*

WE can not counsel any young man to enter the profession of medicine who has not private means at his disposal.—*Lancet.*

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THE ALCOHOL CONGRESS.—At the instigation of the French and Belgian societies (*Gaz. Méd.*) against the abuse of alcoholic drinks, it has been determined to hold an international congress at Brussels for the consideration of questions relating to alcoholism, under the presidency of the Count of Flanders, upon August 2d and following days. Among the subjects arranged to be discussed are: 1. The means of obtaining distilled liquors which contain only ethylic alcohol, and the legislative and fiscal means necessary to secure the exclusive employment of this. 2. The physiological action of pure ethylic alcohol. 3. Experimental investigations upon animals of the different forms of alcohol in use, approaching as near as possible the conditions which produce chronic alcoholism in man. 4. Clinical and statistical observations on the influence exerted by the alcoholism of parents on the constitution and health of their children. 5. Statistical investigation of the influence of drink on criminality. 6. A comparative examination of the mechanism of the imposts on alcoholic drinks in different countries, and its influence upon consumption. 7. The placing the sale of absinthe, ethers, and similar alcoholic substances under the same restrictions as medicinal substances. 8. The detection and repression of adulteration of wines and beers. 9. A theoretical and practical examination of the question of complete abstinence. 10. The influence of the use of tobacco on the abuse of alcoholic drinks.—*Med. Times and Gazette.*

THE INDUCTIVE METHOD.—The inductive method has been practiced ever since the beginning of the world by every human being. It is constantly practiced by the most ignorant clown, by the most thoughtless school-boy, by the very child at the breast. That method leads the clown to the conclusion that if he sows barley he shall not reap wheat. By that method the school-boy learns that a cloudy day is the best for catching trout, The very infant, we imagine, is led by induction to expect milk from his mother or nurse, and not from his father.—*Macaulay.*

LAW IN ENGLAND.—A registered medical practitioner has been convicted of manslaughter and sentenced to six months' imprisonment for causing the death of a child through furious riding. Previous convictions for furious riding were proved against the offender at the trial.

SAD.—The Lancet of July 17th says: The present meeting of the General Medical Council is by far the most discreditable meeting in its history. Before the meeting there was nothing to lead even judges to think that the Council could find excuse for sitting more than three days. . . . The first thing the Council did was to spend two days in debating whether to put the subject into the hands of a committee merely to prepare it for discussion. Twenty-four of the leading members of the profession in the United Kingdom spent two days of their precious time and £400 of the Council's funds in making up their minds to have the subject put into shape for them on the third day.

[This is quite as bad as our last Kentucky State Society meeting.]

GOOD LAW FOR BAD LANDLORDS.—The case of Jackson vs. Odell, which has lately been decided in the court of common pleas, establishes a precedent which ought to be of substantial service to many abused tenants in this city (Boston Med. and Surg. Jour.). It was stated that Dr. Odell hired a house of Mr. Jackson, and afterward found that a soil-pipe had broken in the cellar, that a quantity of foul matter from the broken pipe had accumulated in a hole in the cellar bottom, and that from this matter poisonous emanations arose and spread through the house. It was further alleged that the landlord refused to make the necessary repairs when his attention was called to the condition of the sewerage, whereupon the tenant abandoned the premises two months before the expiration of his lease. The landlord sued for rent for these two months, but the jury, after considering the testimony, not only disallowed the landlord's claim, but found damages against him to the extent of fifty dollars besides costs.

A NEW CURE FOR DRUNKENNESS.—The municipal authorities of Medford, Massachusetts have voted that the names of all persons who have been convicted of drunkenness during the past six months, and all persons convicted thereof in the future, shall be posted in every licensed place, and the proprietors notified not to sell liquor to them under penalty of revocation of license.

DR. MAPOTHER, late president of the Royal College of Surgeons in Ireland, has been elected president of the Statistical Society of Ireland.

Selections.

The Introduction of the Tracheal Tubes by the Mouth instead of Performing Tracheotomy or Laryngotomy.— Dr. Wm. MacEwen, in a clinical lecture on this subject, published in the British Medical Journal of July 24th, says:

A few facts concerning the introduction of tubes passed through the natural passages into the trachea instead of having recourse to operations for opening the windpipe through the neck, are considered worthy of attention; and in presenting these it is thought advisable to confine the remarks, as far as practicable, to the relation of facts, refraining from entering into the merely discursive side of the question.

In considering the practicability of such a procedure, facts were looked for from various sources. Post-mortem experience showed that instruments of the tube-kind could, after a little practice, be passed with facility through the mouth into the trachea. This was accomplished by introducing the finger into the mouth, depressing the epiglottis on the tongue, and so guiding the tube over the back of the finger into the larynx. In experimenting with various instruments it was found more easy to introduce those of a large caliber, such us Nos. 18 to 20, than instruments of the size of 8 to 10 catheters, the latter being more liable to catch on the various irregularities on the internal laryngeal surface.

While it was easy to introduce instruments by the mouth into the trachea, it was difficult to pass them through the nose into the air-passages. The nasal passages being on each side of middle line, catheters passed through them were found to glide to the side of pharynx, away from the middle line, and consequently away from the larynx. So much was this the case that it was found impossible to introduce a nasal unarmed catheter through the nose into the trachea by any manipulation outside of the mouth. A catheter having a strong, properly-curved stilette, after considerable labor and many efforts, might find its way into the larynx; but even this could not be depended on. An instrument can, however, be passed through the nose into the pharynx; then by introducing the finger into the mouth and hooking the catheter forward and toward the middle line it can be guided into the larynx, and in this way respiration in the living might be carried on through the nose; but though nasal instruments can be so introduced into the trachea, it is yet difficult to pass them when compared to the passage of like instruments through the mouth. The nasal tubes have also a decided disadvantage; they are necessarily of a much smaller caliber than the tubes which are admitted through the mouth; in most people one or other nasal aperture does not admit a tube of sufficient caliber to enable the respiration to be carried on easily.

The facility of introducing tubes by the mouth into the trachea having been ascertained on the "subject," the question which next presented itself was, whether there were any obstacles in the living body which would prevent or contraindicate their use. The instructions given in almost every text-book teaching the introduction of esophageal tubes would lead one to suppose that not only could such instruments be passed into the trachea, but that it was necessary to give special indications of their presence there, in order to avoid the awkward mistake of injecting fluid or food into the lungs. These precautionary indications are necessary, as on several occasions the stomach-pump tube has been unwittingly introduced into the trachea and left there for shorter or longer periods before the mistake has been recognized. Among these may be mentioned the mistake made by no less a surgeon than Desault, who passed a tube into the trachea, left it there for some hours, and only became aware of its true situation when he began to inject food into it. After the performance of tracheotomy tubes have been passed through the trachea into the mouth, and the reverse way; and from the scanty reports of those cases one gathers that the parts have exhibited considerable tolerance to the presence of those instruments.

A couple of cases of cut-throat which came into my wards about the same time—the one having the windpipe severed immediately above the vocal cords, the other beneath them—showed a great and growing tolerance to external impressions; so much so that even when the cords were digitally pressed on and held aside no spasm was produced. Besides these, the passage of metallic and vulcanite instruments, as proposed by Trendelenburg and carried out by Schrötter, with the view of dilating strictures in chronic laryngeal stenoses, prove that instruments can be passed by the mouth and temporarily retained in the trachea without exciting an unsurmountable degree of spasm. And I would say that if they can be retained for ten minutes they might, as far as the fear of spasm is concerned, be retained for a much longer period. With these brief introductory observations I will pass to the series of successful cases which I had during the year 1878.

He cites several cases in which the procedure was successfully used. The following will suffice for illustration:

Removal of Epithelioma from Pharynx and Base of Tongue—Introduction of the Tube into Trachea through Mouth to occlude Hemorrhage from Larynx, and for Administration of Anesthetic.—W., fifty-five years of age, had experienced for more than a year sore throat, pain in the right ear, and shooting pain in the back part of the tongue. An ulceration was found on the right side of the fauces, extending from the anterior pillar backward to the posterior wall of the pharynx, the latter of which was invaded for about an inch. From the fauces it spread downward and inward to the dorsum of the tongue, and the raised ulcerated margins extended from a point opposite the last right molar to the immediate vicinity of the epiglottis. It was resolved to remove the growth. As it was an operation which would cause considerable bleeding, precautions had to be taken to secure the air-passages from occlusion. Hitherto this had been effected by opening the windpipe, by laryngotomy, and the introduction of Trendelenburg's tampon-canula. Instead of this I had determined, should an opportunity present, to introduce into the trachea, by way of the mouth, a tube which would extend beyond the vocal cords, and through which the patient would respire. The upper laryngeal opening could then be plugged outside this tube, so as to prevent the entrance of blood into the larynx. The plug could then be effected in various ways by causing the tracheal tube to perforate a close sponge of suitable size, which, after the tracheal tube had been introduced, could then be fixed in the laryngeal orifice; by fixing to the tube, at a convenient part, a piece of fine muslin or other material, which would act as the

canule à chemise used after lithotomy; by inflation of a circular, closely-fitting bag, etc.

Preparatory to the operation a tube was several times inserted through the mouth into the trachea beyond the vocal cords; and it was found that, with the exception of the cough which ensued immediately on its insertion, he bore the tube sufficiently well to warrant the success of the procedure. He could breathe freely through it, and the mucus expectorated was expelled through the tube with considerable force.

The operation was performed on July 5, 1878. The usual cough followed the introduction of the tube; but it ceased as soon as he received a few whiffs of chloroform, and long before he became constitutionally affected by the drug; the chloroform seemed to exercise a local sedative effect. The upper opening of larynx was stuffed with a sponge to prevent the entrance of blood. The tube projected several inches beyond the mouth, thus enabling the administration of the anesthetic to be continued uninterruptedly during the whole operation without in any way interfering with the manipulative procedure. The entrance and exit of air through the tube was both felt and heard distinctly, a ready guide to the state of the respirations. After the operation was finished, when the hemorrhage had ceased and the patient had regained consciousness, the tube was withdrawn, it having acted throughout without the slightest hitch.

The operation. An incision was made through the right cheek from the angle of mouth to the angle of lower jaw, the latter being sawn through. This line of incision, once before used by Dr. Foulis, though objectionable on *à priori* grounds, was followed chiefly on account of the extensive view of the internal parts afforded by it. The diseased surfaces were thoroughly removed by the knife, the instrument passing wide of the affected parts. The sawn angle of the jaw was afterward drilled and coupled by two strong silver-wire stitches. The cheek was accurately brought together, and a bandage applied to secure immobility of the lower jaw. His after-treatment consisted in perfect quiescence and fluid food. In a week the wound was for the most part healed, the only portion remaining open was that where the wires uniting the jaw protruded through the skin. In a month the wires were withdrawn, the jaw being then firmly united. He was dismissed to the Convalescent Home July 26, 1878. Since then he has several times presented himself, and as he has cultivated a vigorous growth of hair the facial linear cicatrix is no longer visible. The larynx in no way seemed to suffer, and the voice was in no way affected. The administration of the anesthetic was carried on through the tube, which projected several inches beyond the mouth, quite uninterruptedly, and without in any way interfering with the operator. The respiration was felt and heard by the administrator; the tube, as it concentrated the flow of air, increased the sensation to the hand and ear. Once or twice during the time he was under the chloroform mucus was thrown from the tube by an explosive expiratory effort. It must be obvious that as long as the tube which went beyond the vocal cords remained patent, there could not possibly be any fear of asphyxia, and the most frequent cause of fatality under chloroform would be avoided.

Rectal Alimentation. — Dr. Michelacci, of the Florence Medical Clinic (*Los Sperimentale*), while fully appreciating the utility of nutritive enemata, recommends that they should be administered with the following precautions:

1. The large intestine should be cleared out by one or more oily or simple enemata.

2. To whichever nutritive substance we may give the preference, and which must be determined by the special circumstances of the case, it should always be administered at the temperature of the body—37° to 38° C.

3. The enema should be injected slowly and by means of a long siphon, so as to carry the nutritive material as high as possible. It should also be employed in small quantity, it being preferable to give a greater number of small enemata to one or two large ones.

4. Every nutritive clyster should be preceded by another composed of fifty or sixty grams of water and six or eight drops of laudanum, this rendering the surface of the canal less intolerant of the nutritive clyster, and enabling this to be longer retained. The same object may be attained by adding a few drops of laudanum to the clyster itself.

5. When enemata containing alcohol are employed we should not add the peptones to these, as they induce alterations and disturb the power and action of the digestive ferments.

6. As little fatty substance as possible should be employed, as this is for the most part not absorbed, and irritates like a foreign body. The peptones themselves should be used only with moderation, as they are for the most part irritants.

7. The clysters may be usefully injected in a neutral condition, or rendered slightly alkaline by bicarbonate of soda.

8. Should inflammatory action be induced, the enemata should, if possible, be suspended, or those which are least irritating must be chosen and largely combined with laudanum.

In concluding his paper, Dr. Michelacci observes that there can be no doubt that the large intestine can absorb sufficiently to allow of temporary alimentation being obtained by its aid, but that we are far from having the means at our disposal of making a large use of this therapeutical agency; and he suggests, as a useful subject of investigation, the preparation of injectable substances which will also admit of keeping for use. He also observes that this mode of treatment requires so much care and precaution in its employment that he is in as much fear of the fanatics of rectal alimentation as he is of those who absolutely deny its efficacy.—*Med. Times and Gaz.*

Softening of the Occipital Bone.—A writer in the British Med. Journal says: I have a patient now, aged about five months, in whom the occipital bone can be pressed in with the finger, and upon removal of pressure springs out again, imparting to the finger a sensation of crackling similar to that noticed upon treating a tin box in the same way. The pressure was followed immediately by vomiting. The other bones of the cranium are firm and hard.

The Mydriatics. — There are only two strong mydriatic alkaloids occurring in nature—atropia and hyoscyamia. These are isomeric, and resemble each other in a marked degree. Duboisia and datura are each identical with hyoscyamia, and therefore isomeric with atropia. It is probable that hyoscyamia or the light datura of commerce can render the same service as duboisia in the treatment of diseases of the eye.— *Mr. Landenberg's report to the French Academy.*

The Virginian Prune (Wild Cherry).—Few drugs have a wider repute in the United States, and have failed more completely to gain a position in the practical therapeutics of this country (Lancet), than the Virginian prune-bark. In spite of the recommendations of Dr. Clifford Allbutt and others, it is still almost unknown to the bulk of practitioners. An instructive and fairly complete account of the history and uses of the drug, by Dr. Van der Espi, has recently been published in the Belgian *Journal de Médicine*, and some of the facts there mentioned may be interesting to our readers. The tree grows in all the states of the Union, but it attains the largest size in the southwestern states. Every where in the northern states it is reputed one of the most useful and indigenous remedies. According to Proctor the bark yields a volatile oil, of pale-yellow color, which has the odor of bitter almonds, and contains hydrocyanic acid in such quantity that two drops will kill a cat in five minutes. The prussic acid does not exist as such in the bark, being formed, as in bitter almonds, by the action of emulsion on amygdaline. It contains also tannic and gallic acid, starch, resin, salts of lime, potash, and iron, a fatty matter, woody fiber, and a red coloring-matter. These facts have been confirmed by the author of this memoir, and he has further proved that the amygdaline exists in the Virginian prune-bark in a crystallizable form. Its quantity is, however, very variable; it is different in each kind of bark; that of the root contains more than that of the trunk, and the latter more than that of the young branches; it varies also with the age of the tree, with the time of year at which it is collected, with the age of the bark, and with the mode in which it is preserved. The contact of moisture causes the emulsion to act upon the amygdaline, and the bark is therefore best preserved in zinc cases, hermetically closed. The red coloring-matter he finds to be analogous to the soluble red substance found by Pelletier and Caventou in the cinchona bark.

A gram of the powdered bark has a taste which is at first astringent and afterward bitter, and resembles that of prussic acid. It causes a sensation of warmth at the epigastrium, and appears to have a tonic (or stimulant) action, increasing the general sense of energy. Diminished sensibility, retardation of the pulse, and lowered temperature follow, due, no doubt, to the prussic acid which is formed. Strong doses taken several times a day were found to reduce the pulse from 65 to 50. When the dose exceeds three grams it causes a sensation of fullness at the stomach, nausea, and diarrhea. Larger doses cause dangerous symptoms, due to hydrocyanic acid, which appears to combine with the hemoglobin of the blood.

The value of this substance in medicine appears to depend chiefly upon the constituent tannin and prussic acid, and is said to be useful in debility of the digestive organs, general debility, accompanied by local or general irritation, in the convalescence from local inflammations, in acute febrile diseases, and in painful affections of the stomach. It has been recommended in intermittent fever. Tannin has been held in high repute in the treatment of ague (Chancerel Pezzoni), and so also has prussic acid in the form of bitter almonds. The prune bark is much used in America in the treatment of phthisis; it is said to have a marked effect on the pyrexia, on the cough, on the expectoration, and on the night-sweating. It has been used by Van der Espi with success in hooping-cough. Hydrocyanic acid is an old remedy in the affection. In this country the bark has been used chiefly in heart-disease, and it is said to be of very marked value as a cardiac sedative, most useful in the cases in which digitalis is not well borne. In bronchitis the sedative effect of the prussic acid on the cough, and of the tannin upon the expectoration, is said to be valuable. It has been recommended as an external application to ulcers, and as an application to the eye in catarrhal ophthalmia. In the latter Van der Espi asserts that it is much more useful than simple tannin. These are the chief alleged uses of the drug, but the list does not by any means exhaust the class of diseases in which it has been recommended, and which comprehends a large proportion of known maladies. The bark is administered as a powder, in an infusion, a syrup, or a tincture. By evaporating the tincture an extract is obtained which the Americans call prunin or cerasin, the dose of which is from two to ten grains. Possibly the reason why it has been so little employed in this country is the deterioration of the bark before it reaches us.

[Its antiperiodic (antimalarial) powers we have personal knowledge of as well as of its tonic and expectorant properties.]

Treatment of Bromide Rash by Salicylic Acid.— Mr. William Prowse, of Cambridge, writes, in the British Med. Journal:

I wish to draw attention to a fact of therapeutic importance in the part that salicylic acid plays as a local agent in the cure of the pustules and the peculiar ulcerations arising from the prolonged toxic effects of the bromide of potassium.

The saturated solution of this acid (one grain to one ounce of water) applied frequently, and, where possible, constantly, by means of lint and oiled silk, is a most efficient and certain remedy in the worst cases.

Miss F. W., aged twenty-three, of dark complexion and strumous habit, the subject of organic epilepsy from birth, has consulted me upon several occasions during the past four years on account of large sores upon the calves of both legs, upon the forearms, and other parts, resulting from the constant use of the potassic bromide during the last ten years. Thirty grains per diem is the utmost quantity now taken. For the past two years arsenic has been administered in combination with it, and this drug has undoubtedly had a powerful effect in controlling, but does not entirely prevent the recurrence of the eruption. At first I used various local astringents with more or less good results; but the salicylic-acid lotion appears to act as an antidote, for in this, and in other cases of a less severe character in which I have prescribed it, its good effects are immediately seen, and wounds of the size of the palm of the hand have been soundly healed by it in a few (less than seven) days.

Sleeplessness.—The following is recommended as a cure for sleeplessness: Wet half a towel, apply it to the back of the neck, pressing it upward toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation. The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain-work or pressing anxiety, this simple remedy has proved an especial boon.—*Med. Press and Circular.*

XUM

The Pathology of Insanity.—Extracts from Dr. Charles F. Folsom's article, in the Boston Med. and Surg. Journal, July 15th:

In two hundred and sixty-one autopsies of the insane, Pinel found only sixty-eight diseased brains; in two hundred and seventy-seven, Esquirol seventy-seven; in one hundred, Chiarugi ninety-five; in one hundred and sixty, Parchappe one hundred and fifty-two; in seventy-two, Webster seventy-two; in one hundred and seventy-one in the Vienna Asylum, one hundred and fifty-two; in three hundred and eighteen in the Prague Hospital for the Insane, two hundred and eighty-eight. There is only one disease, general paralysis of the insane, in which the morbid appearances discoverable after death, with our present knowledge, bear a definite relation to most (not all) of the manifestations during life; and even in that disease, if with prominent tabic symptoms, the morbid anatomy of the spinal cord is identical with that observed in posterior spinal sclerosis (progressive locomotor ataxia), the one disease being now and then mistaken for the other. . . .

If asked whether there is a fixed lesion of the brain or any of its parts corresponding to given psychological changes, we should be obliged to say no, except in the case of incurable dementia. If asked whether there are important morbid changes corresponding with all cases of insanity, we can say yes, always, except that in some of the milder forms of delusional insanity we have not yet discovered any. There are certain lesions which invariably cause marked deterioration of the mind. These are, general inflammation of the cortex of both hemispheres, general meningitis in the convexity of the hemispheres, marked and general edema of the brain, general atrophy, extensive thickening and granulations in the ependyma of the ventricles. . . .

Insanity may, both in its acute and chronic form, be the result of simple anomalous excitation or nutrition of the brain without any noticeable change in its appearance.

Generally, however, it consists in recognizable diseased conditions, which become more manifest the longer the duration of the disease. These are, in the majority of cases, hyperemic, anemic, and inflammatory processes, which appear first, for the most part, in the pia mater and cortex of the brain, extend to various depths of the cortex and of the medullary portion, and end either in resolution and cure or in incurable destruction of the brain-tissue and more or less general atrophy of the brain, with the corresponding symptoms of partial or complete loss of mental power and intelligence.

Non-inflammatory changes in nutrition also are very common, and these are recognized only in their late stages, ending in atrophy of the brain, which corresponds to an advanced period of the disease; in their early and developmental stages they are still not yet made out.

In the functional mental diseases there is no lesion of the brain as yet recognizable, except in the latest stages, and then the changes may be no more than are to be found in the brains of persons dying simply of old age.

The organic mental diseases are associated with diffuse, as opposed to localized, lesions of the brain, chiefly of the cortex.

In insanity arising from marked organic disease of the brain, syphilis, general paralysis of the insane tumors, etc., the morbid changes are very marked, but are not confined to one region.

There is as yet no evidence to indicate any localization of the intellectual functions of the brain further than that they belong, without much doubt, to the cortex. When apparently local injuries or disease cause insanity, they probably do so only through a general disturbance of the brain, or through diffuse disease resulting therefrom, and for the most part affecting both hemispheres.

The molecular changes in the cortical ganglionic cells which give rise to insanity, and their relation to the grosser pathological conditions of the brain just enumerated are still not clearly made out.

Remarkable Case of Fractured Femur in an Adult, resulting from undue and sudden Muscular Action, without Pre-existent Osseous Disease.—Reported by Clarence Foster, M.R.C.S., in Medical Times and Gazette:

On June 16th I visited a gentlemen, aged fifty, suffering from simple transverse fracture of left femur at its middle third. As is usual in this accident, there was considerable deformity, rendering the exact nature of the injury at once apparent. The patient had neither fallen nor in any other way experienced direct violence to the limb, but in walking across the floor he unfortunately made a slight trip, and in endeavoring to maintain his equilibrium the sudden muscular action thereby induced caused the bone to snap asunder.

The history of this case, if not unparalleled, is at least remarkable; for although Debeaumarchef, Leveillé, and Curet have cited somewhat analogous instances, so eminent an authority as Richerand positively asserts that a long bone when healthy can never be broken by this means alone, and I have no reason whatever for supposing the existence of any abnormal condition of the part in this special patient.

Action of Quinine, Digitaline, and Atropine. Dr. Guido Cavazzani has arrived at the following conclusions on this subject (*Annali di Med. Pub.*, etc.): Quinine and atropine have an astringent action upon the peripheral vascular extremities. They correct the vascular dilatation caused by digitalis. Atropine and digitaline are antagonistic; the first giving tone to the terminal vessels and paralyzing the heart, the second producing an opposite effect. These two remedies associated cause considerable slowing of the ventricular contractions of the heart and much less slowing of the auricular contractions. Quinine and digitaline combined reciprocally increase their force of action. Quinine and atropine neutralize each other as to their action upon the heart. These three remedies given singly may cause a state of collapse, which in quinine is due to ischemia of the heart, in digitaline to its tetanization, and in atropine to its asthenia.—*Med. Press and Circular.*

Glanders.—A German military surgeon, writing to the *Militär-Wochenblatt*, directs attention to the danger arising from the thoughtless use of the pocket-handkerchief in removing foam which may have been cast on clothes from the moutth or nose of the horse. (Lancet). A case is cited in which an officer, the owner of a glandered horse that had been shot, was attacked with what at first appeared a catarrh, but which, resisting all the usual remedies, eventually proved fatal. The whole of the circumstances of the case led to the conclusion that the unfortunate gentleman had been guilty of the indiscretion referred to, and thus contracted glanders.

Suppression of Urine with Temperature of 112°.—Dr. Sue, in Michigan Med. News:

On March 25th was called to Miss H., aged thirty, a school-teacher. Found her much prostrated, pulse 90, temperature 100°, pain in lumbar region, extending down both groins. Had voided no urine since the 24th; relieved her with catheter of eight ounces of normal urine. She complained of headache, the stomach was irritable. Her bowels were constipated. Gave bromide of potash and a laxative.

March 26th, bowels had moved but no urine voided, nor had she any desire to urinate; had slept little through the night. Introduced catheter; no urine.

I placed her on fifteen-drop doses of the fluid extract of jaborandi every three hours, milk diet, hip-baths, and hot fomentations to the back.

March 27th no change. Moved the bowels with saline cathartics. The irritability of the stomach increasing, ordered bismuth and hydrocyanic acid, dilute. And from the 25th of March to the 3d of April she did not pass one drop of urine. The temperature during that time ranged from 100° to 101°, and the pulse from 90 to 100. Insomnia and restlessness, occasionally slight muscular twitchings were the only other abnormal symptoms.

On the 4th I drew four ounces of urine, but none after till April 6th. On the morning of that day the temperature reached 112°, the pulse was 160, feeble and irregular. The mind was clear. She was placed in a chair and an alcohol bath given. She was then replaced in bed and surrounded with bottles of hot water. The skin for the first time responded to diaphoretics, and in one hour she was bathed in perspiration. In two hour's time the temperature fell to 100°, and the pulse to 80. In three hours I drew with catheter eight ounces of urine. The secretion was reëstablished after this, and she gradually convalesced. Five weeks from the time of taking to bed she was able to resume her occupation.

Remarkable points. First, the length of time entire suppression existed without uremic poisoning. I have not been able to find in any work or journal a case of this kind which did not end in death by the eighth day. Second, the high temperature reached (112°) with recovery.

The Objections to the Metric System.—C. W. Erwin, Allendale, S. C., in Atlanta Med. and Surg. Journal:

I beg space for a word of protest against what seems to be a useless innovation; a thing not absolutely new, but copied from the French and accommodated to our acceptance. Indeed, it would appear that some of our pharmaceutic associations and a few of the best authors have already adopted it. I allude to the metric system. This I am satisfied is not only more complicated and more difficult to understand than the common system, but is decidedly less accurate, and at the same time subjects the practitioner and druggist to a greater liability to mistake. To say nothing of the useless employment of Greek and Latin terms of quantity and measure—such as decimeter, hectometer, and kilogram, etc.—adopted from language with which but a comparatively small number of American physicians are familiar, there are many objectionable features.

We know of but one advantage claimed for the new system worthy of notice; namely, it is said to be easier to calculate. This is a mistake. It is true decimals are substituted for vulgar fractions; but just think for one moment of the immense mental worry and fatigue of reducing fractional cubic feet to their respective places in the table. In the reduction the mind is lost, and has no appreciation of the quantity as it is expressed.

No system should take precedence of the old that is not (1) as accurate; (2) as easily and quickly calculated; (3) does not express weight, quantity, bulk, or measure present to the mind as rapidly and as nearly as may be the exact appreciation of the quantity, weight, or measure expressed by the numbers.

It is not only necessary to calculate by arithmetic the vulgar or decimal fractional part of any unit of measure, but when the answer is called the mind should grasp the idea of the actual quantity or bulk expressed by figures.

Now we contend that the lower the numbers and fewer the figures the more readily the mind takes in the idea. For this reason experience has taught us when figures expressing quantity, weight, or measure become too numerous, it is best to resort to lower figures of a higher denomination.

The mind may more easily grasp the actual quantity of ten bushels, one pint, and one gill, than the same quantity expressed in gills (2565). Take for example:

REMEDIES.	OLD SYSTEM.	NEW SYSTEM.
Gum opii.....	Gr. ½ to ii	= 0.03 to 0.12 gms.
Aconitia	Gr. ½ oo to 1.50	= 0.0015 to 0.0010 gms.
Ferri chlor. tinct.....	Gtts. x to xxx	= 0.60 to 1.80 C. C.

The gram does not run long enough. To be accurate, figures must be so increased that the mind is lost in the estimate; and to avoid this difficulty, the decimal expressions, as given in dose-book of Met. Club., but rudely approximate, while they differ, as is acknowledged, from other posological tables, making confusion worse confounded.

In the dose-book to which we have referred the equivalent of one grain is put down as 0.60 grams, and the equivalent of one dram as 4 grams, whereas it should be 3.60 grams; and the ounce 32 grams, where it should be 28.80 grams. Here is not only inaccuracy but a useless tax upon the memory and a waste of calculations.

No doubt four fifths of the physicians of the United States will concur with us in the statement that the system, so far as it has been adopted, should be speedily abandoned, and we think it is quite time that our medical journals should be calling attention to its evident demerits.

Case of Sudden and Transient Swelling of both Lips and Tongue.—Dr. A. I. Lawbaugh, in Boston Med. and Surg. Journal: On the 26th of June Mrs. S. came to my office with her infant, aged ten months, who presented a hideous and ridiculous appearance; both lips, enormously enlarged, standing out stiffly, and the swollen tongue projecting almost motionless between. The lips were not tender; pressure did not cause pitting; there was only a trifling degree of redness; did not exhibit any signs of pain. A large quantity of saliva was continually overflowing. The preponderating symptom was the immense swelling. The mother stated no injury had occurred, and that the whole condition as above described had occurred within half an hour. The child was unable to grasp the nipple or swallow from a teaspoon. The swelling soon after began to subside, and in less than twelve hours was all gone. No other treatment was pursued except the application of very weak lead-water.

XUM

Peptonized Milk as Food for Infants and Invalids.—A most interesting contribution on this subject is given by Prof. R. J. Nunn, of Savannah, Ga., in the American Journal of Obstetrics. The follow- is extracted therefrom:

It can not be too often or too forcibly pressed upon the attention of the profession and the public that the milk is sometimes rendered unwholesome, in the customer's own house, by the vessels in which it is received not having been scoured out with soda. On stale milks, even in minute quantities, there very quickly germinates a blue mold, such as is seen often on cream cheese, and called *oidium lactis*. The mixture of this adhering to the corners of the can or the tubes of the feeding-bottle, or to the bottle itself, causes the fresh milk to turn sour and give rise to colic and diarrhea, and not unlikely also to "thrush" in children; for the crust which forms in the mouth is not a dissimilar mold.

Aside from the natural changes which take place in milk, and which sometimes cause it to disagree with certain persons, there are three other sources of danger, against which boiling is a powerful precautionary measure: 1. Contamination derived from a diseased or improperly-fed cow; 2. Those absorbed after the milk has been drawn from the cow—it may be from the atmosphere, from the personelle or appliances of the dairy; 3. Adulterations intentionally added, such as impure water.

A high English authority forcibly says, "The real poisons, whose possible presence throws a dark shadow over the enjoyment of this delicious drink, are quite independent of its richness, or the reverse."

The tendency of cow's milk to form a large and compact coagulum is the great source of inconvenience in its administration to invalids and infants.

I would now suggest the use of pepsin to check this tendency. There are three varieties of pepsin now in use:

1. *Pepsin*, which is prepared from the stomach of the adult pig.

2. *Rennet*. To prepare rennet, one must procure the stomach (*abomasus*) of a sucking calf, if possible killed during digestion. The mucous membrane is gently washed with cold water, and then detached from the organ, well salted, and hung up, stretched upon sticks, to dry. When desired for use, cut off a piece about two inches square, sufficient for a quart of milk, and wash out the salt; then cover it with lukewarm water and allow to stand about two hours. The resulting solution will coagulate milk in from fifteen to twenty minutes, the temperature being kept at about 90° F.

3. *Ingluvin*. It is made of the dried and powdered lining membrane of the gizzard of fowls.

Rennet is the preferable pepsin for milk. The novelty and essential feature consists in the mechanical subdivision of the curd, so as to present it to the stomach in the best possible condition to insure digestion.

The author then details the processes for making milk peptone, cream peptone, kumyss peptone, and granulated curd peptone by the same process as described above.

Dextro-quinine, of Keasbey & Mattison, is in every respect equal to sulphate of quinine, grain for grain. Why not use it instead of the sulphate? It is much cheaper.—*Southern Practitioner.*

Antagonism of Poisons.—The conclusions of Dr. Falck (*Archiv der Pharm.*) concerning this subject are of interest in view of the many erroneous impressions which exist. He has shown that for no pair of poisons yet investigated does a mutual physiological antagonism exist. On the other hand, there are numerous instances of one-sided antagonism. The best known is in the case of muscarin, the alkaloid of poisonous mushrooms, and atropia. The latter is a true physiological antidote for the former. Their physiological antagonism has been exactly investigated in the case of most of the organs of the body. Myosis, salivation, vomiting, diarrhea, changes of pulse and respiration, which are caused by muscarin, are removed or prevented by atropia, if the latter is applied simultaneously. Muscarin and atropia act upon the same organs, the former having an excitant, the latter a paralyzing action; but while the latter can arrest the action of the former, the reverse has not been found true. A similar one-sided physiological antagonism exists between pilocarpin and atropia.

Physostigmin is an antidote to atropia, chloral hydrate to strychnia, atropia to both chloral hydrate and morphia, but all in a pharmacological, not in a physiological sense. One will diminish the symptoms produced by the other, but does not act on the same organs in a physiologically opposite manner.

In cases of poisoning by strychnia, chloral is undoubtedly the best antidote that can be employed, while atropia is to be looked upon as of great value in cases of poisoning by morphia.—*Boston Med. and Surg. Journal.*

Spontaneous Recovery—Pulmonary Phthisis.—In 16,562 post-mortem examinations old tuberculous masses were found in seven hundred and eighty. Of these five hundred and three were in males and two hundred and seventy-seven in females. Of these seven hundred and eighty patients there died of carcinoma one hundred and seven, tuberculous affections (not of the lungs) one hundred and one, chronic Bright's disease eighty-three, brain and spinal-cord affections sixty-two, pulmonary emphysema fifty-eight, diseases of the heart and its adnexa fifty-five, granular liver forty-five, wounds and suicides twenty, croupous pneumonia forty-six, caries and necrosis of bone, puerperal diseases, pyemia, etc.

We are as yet unable to find any satisfactory explanation as to why or when such a cessation of the process occurs. At one time we find it taking place during the most marked disturbances of bodily nutrition, as in the acute diseases, and again we observe its rapid progress notwithstanding the most favorable hygienic surroundings. Of one fact our author is convinced, that the prognosis becomes unfavorable as soon as the process has passed certain limits. In a lecture published two years ago he fixed these bounds at the second and third ribs anteriorly and the middle of the scapula behind. These anatomical and pathological observations only confirm the views then expressed.—*Dr. Heitler, of Vienna.*

Nerve-stretching in Sciatica.—Mr. J. W. Barrett writes, in the British Med. Journal: I have seen a good deal about nerve-stretching for sciatica recently in our journal, and also in other works. I have treated a great many cases of sciatica, some of them very obstinate, but have not yet discovered one that would not yield to quinine combined with opium or iron.